



**WASHINGTON STATE OFFICE OF PUBLIC DEFENSE
INVOICE OF COURT REPORTER - INDIGENT CASE**

Court Reporter Name _____	Case Name _____
Address _____	Superior Ct Cause # _____
_____	Court of Appeals # _____
SS/Tax ID# _____	Division (1, 2, or 3) _____
Phone (optional) _____	Co-defendant COA# _____

I certify under penalty of perjury under the laws of the State of Washington that this billing is in compliance with the Rules of Appellate Procedure and the policies as published by the Office of Public Defense and that:

(1) The items and totals listed herein are proper charges for materials, merchandise or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination because of age, sex, marital status, race, creed, color, national origin, handicap, religion, or Vietnam era or disabled veterans status;

(2) I am submitting this invoice to be paid from public funds. An order authorizing the expenses claimed by this invoice was entered by the Honorable _____ of the Superior Court of the State of Washington for _____ County. This invoice is for transcription of the following hearing dates, per attached statement of arrangements: _____.

(3) I have not previously billed for these costs and am not claiming costs for transcribing voir dire or opening statements in this case (unless specifically provided for in the Order of Indigency, a copy of which is attached);

(4) If co-defendants were tried together at trial, I billed for only one original transcript.

Verbatim Report of Proceedings
(original and one copy) _____ pages at \$2.75 per page = \$ _____

Copies – **state reason** _____ pages at 25 cents per page = \$ _____

ASCII charge: I filed ____ (0) ____ (2) disks
(one disk filed w/court & one w/attorney
per case) 2 @ \$2.75 per disk = \$ _____

TOTAL COSTS = \$ _____

Statement of Arrangements specifying dates transcribed must be attached or invoice will not be processed.

Court Reporter Signature

Date

CLERK'S CERTIFICATE: I hereby certify that the amount claimed in this invoice is for that portion of the Verbatim Report of Proceedings ordered by the trial court; that the typing of the report is in accordance with Appellate Rule 9.2 and that the bill is computed at the current rate per page as set by the Supreme Court for the original and one copy; namely \$2.75 per page and .25 cents per page for additional copies.

By: _____
(Clerk Signature)

(Title/Print Name)

Date

Return **completed** invoice to:

Sharon McAferty Office of Public Defense PO Box 40957 Olympia WA 98504-0957
Direct inquiries to Sharon McAferty at (360) 956-2109.